

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Sir:

Applicant petitions to extend the time for response to the Office Action dated March 13, 2002 to and including September 13, 2002. A check in the amount of \$920.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, and credit any overpayment, to Deposit Account 06-1205.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on

September 13, 2002

(Date of Deposit)

Joseph W. Ragusa (Reg. No. 38,586)

(Name of Attorney for Applicant)

Signature

September 13, 2002  
Date of Signature

**920.00 OP**

01 FC:117

09/20/2002 WABDELRI 00000017 09203513

2622/4



In re Application of:

KENJI AIYAMA

Application No.: 09/203,513

Filed: December 1, 1998

For: IMAGE PROCESSING APPARATUS AND SYSTEM,  
IMAGE FORMATION APPARATUS, AND  
RECORDING MEDIUM THEREFOR

Docket No. 03560.002293

Examiner: A. Ghée

Group Art Unit: 2622

Date: September 13, 2002

RECEIVED

SEP 23 2002

Technology Center 2600

THE COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 26	MINUS	** 26	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

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☐ A check in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

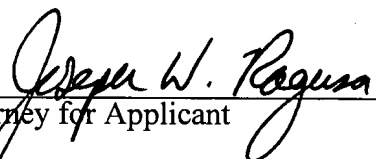
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$ 920.00 to cover the fee for a three month extension is enclosed.

☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicant  
Registration No. 38,586

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200